

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-013255

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3701

STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY- St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) Jewish Hosp.		d. STREET ADDRESS 6257 North Drive	
3. NAME OF DECEASED (Type or print) First KEVA Middle FINKEL Last Finkel		4. DATE OF DEATH March 30, 1963	
5. SEX Male	6. COLOR OR RACE Cauc	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Unk.
10a. USUAL OCCUPATION (Give kind of work done during last 12 months (if retired)) Machinist operator		10b. KIND OF BUSINESS OR INDUSTRY Shirt Manf.	
11a. FATHER'S NAME Moishe Finkel		11b. MOTHER'S MAIDEN NAME achel (unk)	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12b. SOCIAL SECURITY NO. [redacted]	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung		13b. NAME OF HUSBAND OR WIFE Fannie	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 163x		DUE TO (c) 163x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour 4:05 a.m. pm Month, Day, Year March 30, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION University City, Mo.	
21. I attended the deceased from March 5, 63 to March 30, 63 and last saw him alive on March 30, 63 Death occurred at 4:05 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 216 So. Kings Highway	
22c. DATE SIGNED 3.31.63		22d. LOCATION (City, town, or county) University City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 4/1/1963	
23c. NAME OF CEMETERY OR CREMATORY Chevre Kadisha		23d. LOCATION (City, town, or county) University City, Mo.	
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		25. DATE REC'D. BY LOCAL REG. APR 1 1963	
26. REGISTRAR'S SIGNATURE Roan Smith, M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John G. Zedberg*
Licensed Embalmer No. 4289
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.